

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 5  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Vote!</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00473918	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>AL Media LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 17 / 2016</b>	
Mailing Address <b>222 W Ontario St</b> <b>Ste 600</b>		Amount <b>5000.00</b>	
City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60654-3655</b>	<b>Transaction ID : VN7A7A2BSS7</b>
Purpose of Expenditure <b>Media Production</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Susannah Randolph</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>09</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought		<b>101808.14</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>AL Media LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 17 / 2016</b>	
Mailing Address <b>222 W Ontario St</b> <b>Ste 600</b>		Amount <b>2500.00</b>	
City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60654-3655</b>	<b>Transaction ID : VN7A7A2BST5</b>
Purpose of Expenditure <b>Media Production</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Dena Grayson MD, PHD</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>09</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought		<b>101808.14</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>7500.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

[Electronically Filed]

Date

MM / DD / YYYY  
**08 / 17 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 5  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Vote!</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00473918
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>AL Media LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 17 / 2016</b>	
Mailing Address 222 W Ontario St Ste 600			Amount 2500.00	
City Chicago	State IL	Zip Code 60654-3655	Transaction ID : VN7A7A2BSV3	
Purpose of Expenditure Media Production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Darren Soto		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: FL	
Calendar Year-To-Date Per Election for Office Sought		101808.14	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>AL Media LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 17 / 2016</b>	
Mailing Address 222 W Ontario St Ste 600			Amount 20000.00	
City Chicago	State IL	Zip Code 60654-3655	Transaction ID : VN7A7A2BSW1	
Purpose of Expenditure Media Buy Digital		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Susannah Randolph		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: FL	
Calendar Year-To-Date Per Election for Office Sought		101808.14	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	22500.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 5  
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NAME OF COMMITTEE (In Full) <b>Women Vote!</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00473918	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>AL Media LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 17 / 2016</b>	
Mailing Address 222 W Ontario St Ste 600		Amount 10000.00	
City Chicago	State IL	Zip Code 60654-3655	<b>Transaction ID : VN7A7A2BSY7</b>
Purpose of Expenditure Media Buy Digital		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Dena Grayson MD, PHD		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: FL
Calendar Year-To-Date Per Election for Office Sought		101808.14	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>AL Media LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 17 / 2016</b>	
Mailing Address 222 W Ontario St Ste 600		Amount 10000.00	
City Chicago	State IL	Zip Code 60654-3655	<b>Transaction ID : VN7A7A2BSZ5</b>
Purpose of Expenditure Media Buy Digital		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Darren Soto		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: FL
Calendar Year-To-Date Per Election for Office Sought		101808.14	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	20000.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mission Control, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 17 / 2016</b>	
Mailing Address <b>624 Hebron Ave</b>		Amount <b>6554.45</b>	
City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033-2470</b>	Transaction ID : <b>VN7A7A2BSN6</b>
Purpose of Expenditure <b>Mailhouse</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate <b>Susannah Randolph</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate    District: <b>09</b> <input type="checkbox"/> President    State: <b>FL</b>	
Calendar Year-To-Date Per Election for Office Sought <b>101808.14</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mission Control, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 17 / 2016</b>	
Mailing Address <b>624 Hebron Ave</b>		Amount <b>3277.22</b>	
City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033-2470</b>	Transaction ID : <b>VN7A7A2BSQ2</b>
Purpose of Expenditure <b>Mailhouse</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate <b>Dena Grayson MD, PHD</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate    District: <b>09</b> <input type="checkbox"/> President    State: <b>FL</b>	
Calendar Year-To-Date Per Election for Office Sought <b>101808.14</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>9831.67</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Caroline Fines

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**(Schedule E)**PAGE 5 OF 5  
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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mission Control, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 17 / 2016</b>	
Mailing Address <b>624 Hebron Ave</b>			Amount <b>3277.23</b>	
City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033-2470</b>	Transaction ID : <b>VN7A7A2BSR0</b>	
Purpose of Expenditure <b>Mailhouse</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate <b>Darren Soto</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>09</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>FL</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>101808.14</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Moxie Media</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 17 / 2016</b>	
Mailing Address <b>PO Box 30084</b>			Amount <b>16914.74</b>	
City <b>Seattle</b>	State <b>WA</b>	Zip Code <b>98113-2084</b>	Transaction ID : <b>VN7A7A2BSM8</b>	
Purpose of Expenditure <b>Mailhouse</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate <b>Annette Taddeo</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>26</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>FL</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>34602.71</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>20191.97</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>80023.64</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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